

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000132012

Entity Name: AKANNI HEALTH INC.

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

19821 NW 2ND AVE
#412
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

19821 NW 2ND AVE
#412
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 35-2318613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEMBERTON, KIMOY
2750 NW 172 TERR.
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

JOHNSON, PATRICIA
2750 NW 172 TERR.
MIAMI GARDENS, FL 33056 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA JOHNSON

10/09/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: LIGHTFOOT, ANGEL
Address: 2750 NW 172 TERR.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: CDOV () Delete
Name: TAVERNIER, JOSE
Address: 2750 NW 172 TERR.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: COOT () Delete
Name: LIGHTFOOT, PATRICIA H
Address: 2750 NW 172 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL LIGHTFOOT

CEOP

10/09/2009

Electronic Signature of Signing Officer or Director

Date